Aims: We aimed to analyse the activities of dual mode sentinel lymph node biopsy (SLNB) for cutaneous melanoma in adults in a district general hospital in the UK.
Methods: All cases between 2007 and 2012 were analysed. SLNB were performed following British Association of Dermatologists' guidelines for the management of cutaneous melanoma.
Results: A total of 106 cases took place. 65 were male and metastases were present in 26 cases. Frequency of occurrence of primary site was as follows- upper limb (=40), lower limb (=31), back (=24), front (=8), and head & neck (=3). Number of nodes excised was 2.40±1.6 (range 1-9). Occurrence of truncal melanomas was higher amongst the female, whilst limb melanomas occurred more frequently amongst the male (p=0.001). There was no association between primary site of melanoma and number of nodes excised (p=0.60). Nodal metastasis was unrelated to site of primary or number of nodes excised (p=NS).
Conclusions: Primary cutaneous melanoma affected upper limbs mostly. There was no association between nodal metastasis and primary site or number of nodes excised. Higher occurrences of truncal melanomas amongst the female and limb melanomas amongst the male were noted. These merit further evaluation and may influence counselling and follow-up.

0283: CLINICAL AUDIT: ARE WE IN THE LOOP?

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Introduction: Clinical audit is universally used to maintain and improve standards of patient care, and has a significant role in clinical governance within the NHS. Despite its importance, the audit process is often poorly performed with many projects incomplete and loops unclosed.
Aims: To assess effectiveness of audit in Queen Victoria Hospital, a regional tertiary referral centre.
Methods: Audits registered and undertaken between 01/07/2006 and 01/07/2012 were identified on the audit department database, and data recorded about documentation and outcomes on a spreadsheet.
Results: 67 registered audits. 22/67 documented as complete. 11/67 loop closing audits. 17/22 completed audits were presented. Documentation of audits was poor. Project aim recorded most consistently with 34/67.
Discussion: Audit is a useful tool to improve clinical standards but has many barriers, including physician attitude, length of trainee rotation, unachievable methodology, and poor communication with the audit department. Our audit reflects the national difficulties in audit completion and highlights the importance of the process. Incomplete projects produce significant amounts of lost information which could improve clinical care. We recommend promotion of audit as a clinical tool rather than a CV exercise, enhancing communication and awareness of documentation and encouragement of trainees to improve organisational skills.

0294: ROLE OF ULTRASOUND IN THE MANAGEMENT OF INGUINAL HERNIA IN PRIMARY AND SECONDARY HEALTHCARE SETTINGS

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Aim: The primary aim was to examine the pattern of referral for groin ultrasound scan (USS) for suspected inguinal hernias in primary and secondary healthcare settings. The secondary aim was to examine the role of USS in decision-making for operative repair of inguinal hernias.
Methods: Data was collected retrospectively, over a 12 month period, on all patients seen in the surgical outpatient clinic at a large teaching hospital who underwent USS for a suspected inguinal hernia (n=253). Clinical, radiological, and surgical findings were compared.
Results: 63.3% (n=160) of USS requests were from surgical outpatients, compared to 36.7% (n=93) from general practitioners. A hernia was detected on clinical examination and on USS in 39.3% and 57.7% of cases respectively. A significantly higher proportion of patients were listed for surgery when a hernia was detected on both USS and clinical examination, compared to on USS alone (85.6% vs. 40.6%; p<0.001). Sensitivity for hernia detection was 80% for clinical examination versus 96.3% for USS.
Conclusion: USS has high sensitivity for the detection of inguinal hernias, and should be utilised more in primary care to exclude this condition. Furthermore, clinical examination appears to have greater influence on the decision to treat inguinal hernias surgically.

0344: AN RE-AUDIT EXPLORING THE PRE-OPERATIVE FASTING TIMES AT THE ROYAL LONDON HOSPITAL

David Carruthers [1], Nick Wilson [2], Serene Chang [1], Emile Oliver [1,2]. [1] *Barts health, London, UK;* [2] *Southend NHS Trust, Southend, UK.*

Aims: Excessive pre-operative fasting times can lead to dehydration and unnecessary psychological and physical distress for patients. A clinical audit was carried out to assess the reality of pre-operative fasting times in patients undergoing elective surgery. This is a follow up to a previous study in 2011, which demonstrated patients were being excessively fasted.
Methods: A patient questionnaire was distributed to 50 patients after their elective operation so they could record for how long they were fasted pre-operatively.
Results: Median fasting times for clear liquids decreased by 15% to 8.5 hours and fasting time for solids increased by 11.5% to 14.5 hours compared to the 2011 audit. All patients felt they received clear instructions regarding when to begin their fast.
Conclusion: While this data shows that all patients are being sufficiently fasted to reduce the risk of pulmonary aspiration, fasting times are still unacceptably higher than the recommended '2 and 6 hour rule', displaying further action should be taken to reduce these times. More active encouragement to eat and drink pre-operatively is needed with clear instructions stating when to eat and drink rather than fast may see improvements. Dispersible tablet electrolyte drinks prescribed for a set time could facilitate this.

0512: PATIENTS EXPERIENCES AND SATISFACTION WITH THE USE OF VENTRALEX MESH IN MIDLINE HERNIA REPAIRS

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Aims: To investigate post operative satisfaction and morbidity in patients who underwent midline hernia repairs using the Bard® ventralex mesh (VMR).
Methods: Consecutive patients (2006 to 2009), who underwent a VMR as a primary procedure was obtained and details collected using the hospital online workstation (CWS). Patients were contacted by phone by two independent doctors. A standardized questionnaire documenting type, severity of pain, satisfaction with the procedure. Readmissions and further operations were also studied.
Results: Of 81 patients overall (Age Range 31-81), 53 responded. 66% were paraumbilical (PH), 19% incisional (IH) and 15% epigastric (EH). Median satisfaction was 9 of 10. 66% perceived post operative pain. Chronic pain (> 4 weeks) was felt in 15%. Of the latter, 4 felt this pain impeded their activities of daily living. 11% perceived a recurrence, of whom 3 had IH repairs (1 EH and 2 PH). 3.8% required further procedures, of whom 1.9% had a recurrence at the site of the VMR. Only one non respondent required further surgery. The recurrence rate was 3.7% (3 of 81), all in patients with previous IHrepairs.
Conclusions: VMR is safe and effective in midline hernia repairs, though in IH it has greater morbidity.

0514: DAY CASE INGUINAL HERNIA REPAIRS: ARE WE MEETING THE GUIDELINES?

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Aim: To assess adherence to British Association of Day Surgery (BADS) guidelines1 by reviewing discharge rates for elective inguinal hernia repairs.
Method: Elective inguinal hernia repairs conducted from 1st January to 31st March 2012 at Northampton General Hospital (NGH) were considered. Patient notes were reviewed with reasons for overnight admission extracted.
Results: 103 procedures were performed of which 83.5% (86/103) were day cases. Of the 17 patients necessitating inpatient treatment the two primary reasons for admission were failure to pass urine (6) and for overnight observation (4).
Conclusions: Two primary reasons for overnight admission were elucidated accounting for 10 (9.2%) patients. Admission was necessitated as insufficient time was available postoperatively for physiological function to return to values safe for same day discharge. Our recommendation is that elective inguinal hernia repairs are conducted at the beginning of the theatre list. Had this occurred in our study population the primary reasons